STATEMENT OF ORGANIZATION	OFFICE USE
1. Name and Address of Committee Veadleship Next PM PD Box 80145 Button Park 9, VA 10898 Check If: New Committee Monthly Filer Monthly Filer Monthly Filer 4. Amended Statement? Yes No 5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee of a. Name Chairperson Treasurer D Box 80145 Chairperson Treasurer	# 89660 # 7000 ficers and directors)
Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or a. Name b. Address	financially supports this committee.) c. Relationship to Committee
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or salving funds.) a. Name b. Address	s and loan institutions or money market mutual
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: Principal Campaign Committee Subsidiary Committee	
b. Name of Candidate Sev. Cash. 9. a. Name of Person Preparing Report	c. Office Sought by the Candidate
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and and belief. This	d correct to the best of our knowledge, information